		REVIEW AUTHORITY	
		ACCEPTANCE OF THIS REPORT BY THE REVIEW AUTHORITY. FOD/OIC/CIPT OF THIS REPORT TO RESPOND TO ALL FINDINGS AND RECOMMENDATE	
HQDRO MANAGEMENT REVIEW: (Print Name)		Signature	
z James T. Hay	es, Jr.		
Title		Date	
Director		3/9/09	
Final Ratin	G: SUPERIOR GOOD ACCEPTABLE DEFICIENT AT-RISK		
COMMENTS:	deficiencies identified in the E Control standards. Additional	with the recommended rating of <u>Deficient</u> . A Plan of Action is required for vironmental Health and Safety, Post Orders, Tool Control, and Key and Lo, a Plan of Action is required for the deficient areas noted on the review wolf. This facility shall not house ICE detainees prior to the approval of the Pl	ck orksheet:

Form G-324A SIS (Rev. 7/9/07)

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